

Best Available Copy

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **09/581332** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3					1	
4					1	
5					1	
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50						
TOTAL IND.			1			
TOTAL DEP.			7			
TOTAL CLAIMS	SEARCHED	INDEXED	8	SEARCHED	INDEXED	SEARCHED

TOTAL IND.	SEARCHED	INDEXED	SEARCHED	INDEXED	SEARCHED
TOTAL DEP.	SEARCHED	INDEXED	SEARCHED	INDEXED	SEARCHED
TOTAL CLAIMS	SEARCHED	INDEXED	SEARCHED	INDEXED	SEARCHED